

NEWS NOTES

OFFICE OF THE SURGEON GENERAL  
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BENEFITS TO MEDICAL DEPARTMENT OF  
PROPOSED LEGISLATION BEFORE CONGRESS

Highlights of the benefits to The Medical Department of the proposed legislation now before Congress (HR 2536) on procurement, promotion and elimination of Regular Army officers are outlined in the following statement recently issued by the Office of The Surgeon General:

The bill introduced in Congress to provide for the procurement, promotion and elimination of Regular Army officers and for other purposes provides that Section 10 of the National Defense Act be amended to read: "The Medical Department shall consist of Surgeon General with the rank of major general, four assistants with the rank of brigadier general, one of whom shall be an officer of the Dental Corps" is amended to read: "The Medical Department shall consist of one Surgeon General with the rank of major general, one assistant with the rank of major general who shall be an officer assigned to the Dental Corps, and three assistants with the rank of major general or brigadier general as determined by the Secretary of War."

In addition it authorizes a strength of active permanent general officers of the Regular Army in the Medical Corps equal to  $3/4$  of  $1\frac{1}{2}$  of the authorized active commissioned strength of the Medical Corps of the Regular Army. Of a total authorized strength of active general officers there is authorized 50% in the grade of major general and 50% in the grade of brigadier general.

It provides for promotion lists in the Medical Department as follows: The Medical Corps Promotion List, the Dental Corps Promotion List, the Veterinary Corps Promotion List and the Medical Service Corps Promotion List. Of the total authorized promotion list strength for the entire Army, there is authorized 8% in the grade of colonel, 14% in the grade of lieutenant colonel, 19% in the grade of major, 23% in the grade of captain, 18% in the grade of first lieutenant and 18% in the grade of second lieutenant. The authorized number in each of the several grades in each of the several promotion lists is to be prescribed by the Secretary of War by a schedule of percentages in grades for that list, which schedule of percentages may be different for each promotion list.

MORE

BENEFITS TO MEDICAL DEPARTMENT OF PROPOSED LEGISLATION BEFORE CONGRESS (Cont'd)

However, a saving clause provides that irrespective of any vacancy in any grade, except general officers and colonels, whenever an officer whose name is carried on any recommended list under provision of this section completes for promotion purposes the prescribed number of years in the grade of first lieutenant, captain and major, the authorized number of officers in the grade of captain, major and lieutenant colonel, respectively, in the applicable promotion list shall be temporarily increased, if necessary, to authorize the appointment in that grade of such officer and all officers of his grade and promotion list whose names appear above his on the recommended list and such officers shall be simultaneously appointed in that grade retaining among themselves their existing relative seniority. Until December 31, 1947 initial appointments and promotions shall continue to be made in accordance with the present provisions of the integration and other laws but effective December 31, 1947 no further appointments shall be made except under the provisions of this bill. The bill provides for promotion by selection to all grades to fill existing vacancies. However, irrespective of the existence of any vacancies promotion list officers of the line of the Army may be selected for promotion to the grade of first lieutenant, captain, major and lieutenant colonel upon the completion of three years service, seven years service, fourteen years service and twenty-one years service. However, for the Medical Department each person appointed as an officer of the Regular Army shall at the time of appointment be credited with the amount of service equal to four years for the Medical Corps, three years for the Dental Corps and two years for the Veterinary Corps which means that an officer in the Medical Corps appointed as a first lieutenant will be promoted to the grade of captain upon the completion of three years service; to the grade of major, upon the completion of ten years service and to the grade of lieutenant colonel upon the completion of seventeen years service and is eligible for selection to the grade of colonel upon the completion of eighteen years service if vacancies do not occur in the respective grade at an earlier date. Therefore, effective December 31, 1947, each officer of the Medical Corps who on that date has less than four years service credit, each officer of the Dental Corps who has less than three years service and each officer of the Veterinary Corps who has less than two years service, shall be credited for promotion purposes with four years, three years and two years service, respectively.

Since the integration laws known as Public Laws 281 and 670, 79th Congress, permitted credit for appointment purposes to officers of the Medical Department equal to the difference between their age at the time of appointment and the age of twenty-five years an inequity was created for officers of the Medical Department of the Regular Army whose average age at the time of original appointment was 28 5/12 years. In order to overcome this inequity and place all officers of the Medical Department on equal footing so far as age in grade is concerned, the bill provides for the granting of credit to officers of the Medical Department commissioned between June 27, 1926 and December 28, 1945, and who had continuous active commissioned service in the Regular Army since such appointment.

BENEFITS TO MEDICAL DEPT OF PROPOSED LEGISLATION BEFORE CONGRESS (Cont'd)

Effective December 28, 1945, such officers are credited, respectively, with additional years of service as follows: Medical Corps 3 5/12 years, Dental Corps 3 1/12 years and Veterinary Corps 1 4/12 years. The service credited shall be counted for promotion and permanent seniority purposes only. No change, however, will occur in the relative permanent seniority standing of any officer who held a commission in any of these corps on December 28, 1945.

The bill provides that on July 1, 1948, or at the earliest practicable date thereafter, Regular Army officers shall be promoted and appointed in the grades of 1st lieutenant, captain, major and lieutenant colonel to fill initial requirements which exist in those respective grades. In the case of all Medical Department Promotion Lists owing to the present reduced strength of the various corps there now exists a number of vacancies which means that officers presently in the various corps of the Medical Department, those being integrated and the ones to come into the service after December 31, 1947 may look forward to more rapid promotion than has ever heretofore existed in the Medical Department of the Army.

In addition to promotion to permanent grades in the Regular Army, the bill provides for promotion to temporary rank whenever the number of permanent appointments in the grades of colonel, lieutenant colonel, major, captain and first lieutenant, respectively, is less than the number authorized in these grades in such promotion list.

The bill likewise provides that from time to time officers of the reserve components of the United States Army may with their own consent be ordered to active Federal duty for such length of time as the President may prescribe and that when the total number of officers serving on active duty, Regular Army, and all officers of the Army of the United States of any component, exceeds the authorized active commissinned strength of the Regular Army, the Secretary of War shall determine the requirements in each of the severral grades and temporary promotions are authorized for officers of these components to fill these requirements.

It is anticipated that there will exist in the Medical Department of the Regular Army 1900 vacancies in the Medical Corps, 370 vacancies in the Dental Corps, 10 vacancies in the Veterinary Corps and 440 vacancies in the Medical Service Corps.

Even though all of these vacancies in the Medical Department of the Regular Army could be filled there will still be needed several thousand reserve component officers on active duty to meet the requirements in each and every corps of the Medical Department to fulfill the needs of the anticipated strength of the interim Army.

## GENERAL KIRK OUTLINES HEALTH BENEFITS IN UNIVERSAL TRAINING

Medical and hygienic methods, facilities and services which made the American Army of World War II the healthiest in the Nation's history would be made available to citizens accepted for Universal Training.

Maj. Gen. Norman T. Kirk, Surgeon General, reviewing the scientific advances and gains which have been achieved, includes the following:

1. Thorough application of preventive medicine, giving the soldier, or trainee, maximum protection against smallpox, typhoid and paratyphoid fevers, lockjaw, influenza and, when necessary other communicable diseases.
2. Periodic physical examinations which frequently uncover unsuspected infections or pathological conditions.
3. Medical and hospital care of a superior type.
4. Rigid sanitation.

"In civilian life," said General Kirk, "it is common practice to neglect minor illnesses or, what is worse, to resort to self-treatment. This is due to the expense and frequent inaccessibility of medical treatment and the disinclination to take time off from work.

"There are no such deterrents in the Army. Furthermore, many of the illnesses that in civilian life are treated in the home result under military conditions in admission to the station hospital where the type of medical and nursing care available is very much better. This tends, in many cases, to reduce the duration of illness and the incidence of complications."

Given particular emphasis by the Surgeon General was the training in hygiene, preventive medicine and sanitation which is given the recruit. This includes personal and sex hygiene; first aid; principles of sanitation, purification of water and abatement of insects; and means of curbing the spread of respiratory infections.

"The situation in the Army," asserted General Kirk, "is unique in the action which can be taken in the various fields of safeguarding health. There is no other comparable situation where entire groups of men can receive thorough training and indoctrination in the principles of health protection. It must be remembered that not only are these teachings of importance to the Army while the soldier is in service, but later in the civilian community he represents a distinct contribution toward the better understanding of health maintenance."

## GENERAL KIRK OUTLINES HEALTH BENEFITS IN UNIVERSAL TRAINING (Cont'd)

Of significance is the fact that tuberculosis, meningitis, venereal disease, respiratory infections, pneumonia, scarlet fever, mumps and measles were markedly less prevalent among American troops in World War II than was the case in 1917-18.

During the post-war period, up to the end of Selective Service, one-third of white registrants and nearly two-thirds of Negro registrants were rejected for physical and mental reasons. Out of every 1,000 inductees, 815 had one or more non-disqualifying physical defects — certain cases of hernia, uncomplicated venereal disease, dental and visual defects, etc.

"Tensely stated, these data are a searching indictment of the aptitude of American youth for military service, despite the heroic and gallant performance in the World Wars of great numbers of these selected for military service," said The Surgeon General.

"It is not contended that Universal Training will correct this condition, or, indeed, that from the medical point of view our aim should go beyond an effort to improve the general health of trainees.

"However, under a system of Universal Training, the Army can contract to receive the trainees, to improve within practical limits their physical and mental fitness, to provide them with excellent medical, dental and surgical care and to guard their environment so as to control as effectively as possible common hazards to their health.

"The benefits of such a program will accrue not only to these young men themselves but also, inevitably, to a certain degree, to their families, communities and to the entire country."

### COMMANDERS ARMY MEDICAL SUPPLY DEPOTS MEET

A meeting of Army Medical Supply Depot commanders was held recently in the Office of The Surgeon General for the purpose of discussing future plans for the operation of medical depots. Colonel Silas B. Hays, MC, Chief, Office of Supply, Surgeon General's Office, presided at the meeting. Those in attendance were: Colonel P. I. Robinson, St. Louis Medical Depot; Colonel Walter L. Perry, Louisville Medical Depot; Colonel Martin E. Griffin, Army-Navy Medical Purchasing Office, New York; Colonel A. M. Libasci, Binghamton Medical Depot; Major Robert Gamble, Binghamton Medical Depot; and Lt. Colonel Stephen Asbill, Medical Supply Officer, Atlanta General Depot.

From the Surgeon General's Office were: Major Russel Murray, Chief, Personnel Authorization Unit; Major Gordon S. Kjolsrud, Storage & Maintenance Division; Colonel Jenner G. Jones, Deputy Chief, Office of Supply and Lt. Colonel Joseph C. Thompson, Chief, Storage & Maintenance Division

MEDICAL DEPARTMENT'S GRADUATE  
PROFESSIONAL EDUCATION PROGRAM UNDERWAY

Now well under way, but with a number of residencies and internships still open to successful candidates, is the Army Medical Department's graduate professional education program.

Primary objective of this permanent project is the provision to Army personnel of the most expert medical and surgical care possible. At the same time, it will offer hitherto unavailable opportunities to recent medical graduates, as well as licensed doctors who accept commissions in the Regular Army to qualify as specialists at an economic saving running into the thousands of dollars.

May 1 is the deadline for receipt of applications for residencies in nine military hospitals. Successful applicants will begin their duties on July 1.

At the present time, 182 Army medical officers are now undergoing residency training, 28 of whom are applicants for the Regular Army. Successful completion of this postgraduate instruction will furnish the formal training requirements necessary to enable them to take the American Board examinations for certification as surgeons, urologists, obstetricians, pediatricians, internists, etc. On the basis of the patient loads now being handled by the Army's nine approved teaching hospitals, 373 officer-residents can be accommodated -- more than twice the number now in training. It is estimated that, for a peacetime strength of 800,000 men, the Army will require 573 certified specialists within the next five years; that is, 573 Medical Corps officers who are fully qualified as plastic surgeons, pathologists, radiologists, psychiatrists or in one of the other specialties or sub-specialties. At present only 82 members of the Regular Army Medical Corps are fully accredited specialists.

Residency and internship programs are being conducted in the following general hospitals:

Brooke, 3,281 beds, Fort Sam Houston, Texas; Fitzsimons, 3,517 beds, Denver, Colo.; Letterman, 2,525, San Francisco; Madigan, 3,953, Tacoma, Wash; Oliver, 2,600, Augusta, Ga.; Percy Jones, 4,261, Battle Creek, Mich.; Walter Reed, 2,600, Washington, D.C.; William Beaumont, 2,350 beds, El Paso, Texas, and the Army and Navy General Hospital, with 550 beds for soldiers, at Hot Springs, Arkansas. Actively cooperating in the professional education project are 190 civilian teaching consultants, all of whom are certified in their respective specialties and a great percentage of whom are war veterans. These specialists are giving an average of 15 hours weekly to this consultancy service. Walter Reed Hospital, for example, has 48 of these doctors on its visiting staff. They represent 19 medical and surgical specialties and subspecialties, plus the medically-related specialty of psychology. On July 1 the nine graduate training hospitals previously mentioned will include interns on their house staffs for the first time since the war's end. While under this training, the new medical graduates who have accepted commissions in the Organized Reserve Corps will receive pay and allowances of a First Lieutenant. One hundred internships have been authorized. Further information on the graduate professional training program may be obtained by writing to the Office of the Surgeon General, U.S. Army, Pentagon Building, Washington 25, D. C.

## SURGEON GENERAL APPOINTS ARMY MEDICAL LIBRARY CONSULTANTS

Major General Norman T. Kirk, The Surgeon General, has recently appointed four leading doctors as Honorary Consultants to the Army Medical Library. The Association of Honorary Consultants to the Army Medical Library, which now has 97 members, serves as an advisory body to the Surgeon General on matters pertaining to the Library. The new members include: Major General Paul R. Hawley, USA (Ret.), Medical Director of the Veterans' Administration; Dr. Michael E. DeBakey, Associate Professor of Surgery, Tulane University Medical School; Colonel Albert G. Love, M.C., USA (Ret.), Formerly Assistant Surgeon General; Dr. Elliot C. Cutler, Mosley Professor of Surgery, Harvard University Medical School.

## SALIENT POINTS IN REPORT OF ATOMIC BOMB CASUALTY COMMISSION

A number of interesting facts relating to the Japanese who survived at Hiroshima and Nagasaki were disclosed in the report of the Atomic Bomb Casualty Commission released by the War Department at a recent press conference held in the Office of the Surgeon General.

Brigadier General Raymond V. Bliss, Deputy Surgeon General, and Colonel W. S. Stone, Chairman, Army Medical Research and Development Board, presided at the conference. Drs. Austin M. Brues and Paul S. Henshaw, who directed the Commission's survey, as well as other atomic scientists, were present.

The report carries no spectacular data or stories on freakism or physical anomalies among babies born to persons who were exposed to the bomb. It does not deal in the sensational. Based upon a study which was relatively short -- about six weeks -- the report simply gives a direct, unpretentious picture of work which is under way to evaluate the results upon human beings of a massive dosage of radiation, in combination with the heat and concussion generated by nuclear fission.

The commission, whose task is completed with presentation of the report, was composed of two civilian physicians, two Army medical officers and one Navy medical officer. They are Drs. Austin M. Brues and Paul S. Henshaw, Lieuts. Melvin A. Block and James V. Neel (MC) U.S. Army, and Lieut. (j.g.) Frederick W. Ullrich (MC) USNR. Dr. Brues, who is an outstanding authority on biology of radio-active material, is the Associate Professor of Medicine at the University of Chicago and Director of Biology Division, Argonne National Laboratory, Chicago, Illinois.

Dr. Henshaw, who is a noted authority in radiobiology, is now with the Clinton Laboratories, Oak Ridge, Tennessee.

Lieutenant Ullrich is doing research in radiobiology at the Naval Medical Research Institute at Bethesda, Maryland.

SALIENT POINTS IN REPORT OF ATOMIC BOMB CASUALTY COMMISSION (Cont'd)

Captain Block, medical officer, U.S. Army, has been associated with the study of radiation plan from the onset and Lieutenant Neel, a medical authority in the field of Genetics & Biometry has been recently added to the project. They are at present in Japan as the remaining members of the team.

Their investigation, launched in Japan late in November of last year and concluded early in January, was made possible through collaboration of the National Research Council, War Department, Navy Department, U.S. Public Health Service and the American Cancer Society.

Following are some highlights of the commission's report, which was reviewed and cleared by the Atomic Energy Commission prior to issuance:

"Members of the commission have been impressed during their observations of atomic bomb survivors by the fact that many of the burns have healed with accumulations of large amounts of elevated scar tissue, the so-called keloids," said the report.

"The striking feature noted is the large number of burns that have healed with excessive quantities of scar tissue, having a relatively flat surface elevated above that of surrounding skin. Margins of these lesions are sharply defined. The area involved varies very much, some being as small as one centimeter in diameter while others may involve most of the face or the back. The maximum growth of such tissue evidently was reached about eight to ten months following the injury....These are the so-called keloids."

"The assay of possible genetic effects is much more readily performed in plant and animal material than in man with, however, the important qualification that in man and, to a lesser extent, plant material, it is often impossible to be certain of position at the time of the bombing," says the report. "The Japanese efforts to utilize animal material have been completely nullified by the chaotic conditions and poor food situation."

Experiments with *Drosophila* fruit flies also had to be abandoned for lack of facilities and adequate testor stocks. With respect to plant material studies, the Japanese made certain observations purporting to show that vegetables grown in Nagasaki from seed from plants that were well beyond the known radius of bomb effects tended to assume unusual forms when grown near the ground center of the explosion. Dr. Takeo Furuno, noted horticulturist, maintained two experimental garden plots, one 150 meters and the other 500 meters from the hypocenter. Abnormal vegetative forms of *Brassica chinensis*, *Lappa edulis*, *Succowita moschata*, *Solanum melongena* and other species were reported to be far more frequent in the plot nearest the hypocenter, attributable to some effect of the atomic bombing on the soil.

## SALIENT POINTS IN REPORT OF ATOMIC BOMB CASUALTY COMMISSION (Cont'd)

"These two plots were inspected," says the Brues-Henshaw report, "and specimens of the vegetables examined. It was the opinion that soil differences complicate the picture to an extent where it is impossible to reach conclusions."

During the months of October and November, 1945, a study was conducted on 124 male inhabitants of Hiroshima. Examinations disclosed that, in 43 cases, the number of spermatocytes in the ejaculated sperm was less than 5,000 per cubic millimeter, or "absolutely sterile," in the words of Prof. Tsuzuki. Ten other cases were "relatively sterile" and the remaining 71 were normal.

"A reformation of the spermatocytes occurs in one month, so the recovery of damage to spermatocyte formation will be delayed more than that of the damage of white blood cells. The shorter the distance, the more severe was the damage. The damaging influence on the number of spermatocytes was observed in the area within a radius of three kilometers (about two miles) from the ground center. Within a radius of 2.5 kilometers there appeared some sterile cases. Within a radius of 1.5 kilometers one-half of the cases showed sterility."

Women who were in an early stage of pregnancy "have taken a normal course since the bombing," said Dr. Tsuzuki.

"It is already experimentally proved both in botany and zoology that there is a possibility of producing a malformation of descendants when the sexual cells are affected in some degree by radioactive energy. The question, if this fact is applicable to the human beings or not, will be made clear by further observations.

"We have already clear evidence that the human sexual cells are also affected by the atomic bomb injuries. There is a possibility of malformation of the descendants, if the sexual cells should be affected selectively, without any severe damage to the other organs or tissues.

"In the survey of spermatocytes, it was noticed that they decreased not only in their number but they showed also some structural abnormalities. This problem must be, therefore, taken up and carefully followed further."

Heretofore, conflicting figures have been presented on the number and character of casualties at Hiroshima and Nagasaki. Dr. Tsuzuki quotes the Hiroshima prefecture as estimating, 19 days after the explosion, the dead at 46,185; the missing at 17,429; the severely injured at 19,691; slightly injured, 44,979, and other sufferers at 235,656. Six months after the catastrophe, the toll of dead and missing stood at 92,133, excluding the military dead. The total number of Hiroshima dead may be set at 100,000, according to the Japanese professor. The Nagasaki prefecture set that city's toll at 23,753 dead, 1,924 missing, 23,345 wounded and 89,025 other sufferers.

## SALIENT POINTS IN REPORT OF ATOMIC BOMB CASUALTY COMMISSION (Cont'd)

"Comparing the death rates of males and females, we find they are almost equal outside a radius of 1.5 kilometers from the ground center, but the rate of females within a radius of 1 kilometer seems to be lower than that of males. While we were staying at Hiroshima, we often heard that under the same conditions, men died more quickly, women were more resistant. We could not believe such a story at that time.

"But the statistics showed a result that in the central area, the female mortality seemed to be a little lower than the male. The reason for this fact is, of course, unknown. The central area, within a radius of 1 kilometer, was the place in which a tremendous number of neutrons reacted. We may be allowed to imagine that a difference of distribution of the atomic energies would cause the difference in the death rates between males and females."

The Atomic Bomb Casualty Commission report says:

"The commission's view that much valuable information can be obtained from a long-term study of atomic bomb casualties has been strengthened.... From previous irradiation experiences with both animals and human beings, there is good reason to believe that reproductive disturbances, malignancies of one form or another, shortened life span, altered genetic pattern, etc., will in time appear in greater or lesser degrees.

"The problem is one of detecting the changes and recording the events as they occur. It is the view of the commission, furthermore, that with the possible exception of genetic recessives (physical monstrosities which might not crop out for several generations), the various changes can be successfully detected and recorded. This presupposes, of course, the proper cooperation with the Japanese and a reasonable expenditure of funds."

## MEAT AND DAIRY HYGIENE INSTRUCTION FOR ENLISTED MEN

Courses of instruction of eight weeks' duration in meat and dairy hygiene for enlisted men are being conducted at the Chicago QM Depot, Chicago, Ill., according to a recent announcement made at The Surgeon General's Office. The class beginning instruction this week reported April 4, while the reporting date for the June class will be June 6.

The following prerequisites will be used as a guide in the selection of enlisted men for these courses:

- (a) AGCT 100 or higher;
- (b) Normal color vision;
- (c) Graduation from high school or equivalent; and
- (d) One or more of certain educational or vocational accomplishments.

Requests for quotas for enlisted men to attend the course should be submitted through channels to the Surgeon General, Attn: Chief of the Education and Training Division, Washington, D. C.

## OLD FARMS CONVALESCENT AND PRATT GENERAL HOSPITAL CLOSE 30 JUNE

Closure by 30 June of two Army hospitals--Old Farms Convalescent Hospital at Avon, Connecticut, and Pratt General Hospital at Coral Gables, Florida--was announced recently by the Office of The Surgeon General.

In accordance with Medical Department policy, Army hospitals have been closed as rapidly as the decreasing patient load has permitted. At the peak of the war the Army operated sixty-five general hospitals and thirteen convalescent hospitals with a maximum patient load of over 245,000 patients. With the closing of Old Farms and Pratt, the Army will have thirteen general hospitals in operation, with approximately 28,000 patients, and no convalescent hospitals.

Old Farms Convalescent Hospital has been a center for the rehabilitation of blinded patients. Patterned after the famous St. Dunstan's of England, the rehabilitation program which has been carried on at Old Farms has generally been regarded as the finest ever provided for blinded patients and is now being followed in other blind centers because of its outstanding success.

Activated in June 1944, Old Farms Convalescent Hospital will have given reorientation to nearly 1000 of the 1100 blinded casualties of World War II by the time it is closed on 30 June 1947. Colonel Frank H. Thorne commanded Old Farms from the time of its activation until October 1945, when he was succeeded by Colonel Charles A. Pfeffer.

Pratt General Hospital, formerly the Miami Biltmore Hotel, was taken over early in the war as a regional and convalescent hospital for Air Corps personnel. It became an Army general hospital on 15 May 1946, and now is caring for approximately 1000 patients. The patients in this group who will require hospitalization after 30 June will be transferred to other Army general hospitals. Colonel Clyde M. Beck has been in command of Pratt since it became a General Hospital.

## ARMY NURSES DISCUSS PLANS FOR RESERVE CORPS UNIT

Plans for an Army Nurse Corps Section in the Officers' Reserve Corps, which will be set up under the bill just recently passed by Congress, were discussed during the four-day conference of the Army's chief nurses from all parts of the country, Colonel F. A. Blanchfield, Chief of the Nursing Division, announced recently.

The conference was devoted to a consideration of present policies and practices and long-range plans concerned with nursing problems.

With the passage of the legislation there will be for the first time in the Officers' Reserve Corps nurses and also dietitians, physical therapists and occupational therapists.

## ARMY NURSES DISCUSS PLANS FOR RESERVE CORPS UNIT (Continued)

The procurement, training and assignment of reserve nurses was one of the subjects taken up at the conference. In the event of necessity for mobilization the Reserve nurses will come into the Army already trained for the jobs to which they will be assigned.

"This program," Colonel Blanchfield said, "should be of interest to all nurses, particularly those who served during World War II."

Full information concerning requirements for commissions in the Officers' Reserve Corps will be published upon enactment of Nurse Corps legislation.

Major General Norman T. Kirk, The Surgeon General, gave the welcoming address and other leading officials of the Medical Department spoke on matters related to nursing problems.

A dinner at the close of the conference was given at Fort Myer in honor of Colonel Blanchfield whose tour of duty expires May 31.

### COLONEL BISHOP RECEIVES LEGION OF MERIT

Colonel Harry A. Bishop, Chief of Hospital Division, was recently awarded the Legion of Merit for "exceptionally meritorious service" as Commanding Officer of Welch Convalescent Hospital at Daytona Beach, Florida, from April 1945 to July 1946. Major General Norman T. Kirk, The Surgeon General, presented the award.

The citation stated "his energetic devotion to duty, initiative, judgment, leadership and administrative ability has been superior. He has been responsible for the outstanding accomplishment of this hospital in reconditioning and rehabilitation of overseas sick and wounded which has reflected great credit on the service".

Among Colonel Bishop's other decorations are the Bronze Star, Typhus Commission Medal, Commander of the Crown of Italy and Maltese Cross.

During this war Colonel Bishop served in Africa, went to Italy to take control of the typhus epidemic, returned to Africa and then participated in the southern invasion on D-4. He served as Surgeon, Mediterranean Theater and later as Surgeon, Continental Advance Section supporting the American 7th Army and French 6th Corps.

Born in Washington, D. C. 18 February, 1888 he received his M.D. degree from the University of Maryland in 1912 and was commissioned in the Army 9 February 1918. He was graduated from the Army Medical School, in 1918 and the Medical Field Service School in 1929.

## COLONEL BISHOP RECEIVES LEGION OF MERIT (Continued)

In the last war he served overseas with the 79th Division. Since then he has been on duty at various Army Hospitals until he was assigned to administrative work in 1942. Colonel Bishop made three trips to the Orient, one as personal physician to Secretary of War Hurley, one as personal physician to Secretary of War Dern and one for a three year tour of duty.

### ELEVENTH INTERNATIONAL CONGRESS OF MILITARY MEDICINE AND PHARMACY IN SWITZERLAND, JUNE 2-7

The Eleventh International Congress of Military Medicine and Pharmacy is scheduled to be held in Berne, Switzerland, 2 to 7 June 1947. The United States will be represented by an official delegation of five or six members to this meeting, including one from The Surgeon General's Office.

The International Congress of Military Medicine and Pharmacy was founded by a group of consulting surgeons with the Allied Armies serving during World War I for the purpose of perpetuating and capitalizing experiences in all matters relating to military medicine, featuring chiefly medicine and surgery, health administration, and the relationship between armies and the social agencies officially accredited to them.

Those who have occupied the position of president of the Congress and subsequently of the International Committee are: (1) Lieutenant General Vibin, Belgium; (2) Lieutenant General Francesco della Valle, Italy; (3) Lieutenant General H. Vincent, Franco; (4) Major General Stanislaw Ruppert, Poland; (5) Lieutenant General Sir Matthew H. G. Foll, Great Britain; (6) Major General Johan Carel Dichl, Netherlands; (7) Director General Jose Gonzales Granda, Spain; (8) Lieutenant General Dorache, Belgium; (9) Medicin General Inspecteur C. P. Iliescu, Rumania; and (10) Major General Charles Ranson Reynolds, United States of America, who was designated by President Franklin D. Roosevelt as delegate to the Ninth International Congress in Bucharest, Rumania, in 1937, where he was elected President of the Tenth International Congress which assembled in Washington in May 1939. He has continued as president since that time, during which there have been no meetings.

### PROMOTIONS, OFFICE OF THE SURGEON GENERAL

#### Captain to Major

WILLIAM T. COVEY, PC, of Queen Anne, Md., of Office of Personnel, Military Personnel Division, Classification & Records Branch.

BEATRICE I. RINGGOLD, MAC, of New York City, New York, of Office of Personnel, Military Personnel Division, Office of the Chief.

## ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL JOHN T. B. STRODE, MC, of Arlington, Va., formerly of Office of The Secretary of War, Washington, D. C., assigned to Office of Personnel, Overhead.

LIEUTENANT COLONEL ORLAND S. OLSEN, MC, of St. James, Minn., formerly of Reception Station #14, Camp Beale, Calif., assigned to Office of Plans & Operations, Education & Training Division, Overhead.

LIEUTENANT COLONEL MARY G. PHILLIPS, ANC, of Reedsburg, Wisc., formerly of General Headquarters, Far East Command, assigned to Nursing Division, Overhead.

MAJOR LEO E. BENADE, PC, of Evansville, Indiana, formerly of Percy Jones General Hospital, Fort Custer, Mich., assigned to Office of Plans & Operations, Education & Training Division, Training Doctrine Branch.

## DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL ALBERT R. DREISBACH, MC, of Wayne, Pa., formerly of Office of Personnel, Overhead, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

COLONEL JAMES O. GILLESPIE, MC, of Washington, D.C., formerly Chief of Disposition & Retirement Branch, Physical Standards Division, assigned to Brooke Army Medical Center, Fort Sam Houston, Texas.

COLONEL GEORGE E. LEONE, MC, of Niagara Falls, N.Y., formerly of Office of Personnel, Overhead, assigned to Headquarters, Fifth Army, Chicago, Ill.

COLONEL CLEVE C. ODOM, MC, of Rogers, Texas, formerly of Office of Personnel, Overhead, assigned to Detachment of Patients, Walter Reed General Hospital, Washington, D. C.

LIEUTENANT COLONEL EDWARD J. KALLUS, MC, of Caldwell, Texas, formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Murphy General Hospital, Waltham, Mass.

MAJOR HUGH B. BROWN, JR., MC, of Draper, Va., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Detachment of Patients, Walter Reed General Hospital, Washington, D. C.

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